

Class B - Taxicab Certification

This form must be completed and signed by the owner of a taxicab operating in Maryland.

Name of Taxicab Owner

Address of Taxicab company's principal place of business

_____ Year of Taxicab	_____ Make	_____ Model	_____ Vehicle Identification No.	_____ Business Phone No.
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I, the undersigned, taxicab owner, hereby certify under penalty of perjury, that the taxicab identified above meets vehicle equipment safety and rate-meter standards required by law of the jurisdiction in which the vehicle operates and is in compliance with all laws and regulations in the jurisdiction which the vehicle operates.

I further certify that this taxicab operates only in the following jurisdiction _____

Signature of Applicant (If company, give capacity)

Date

Printed Name of Applicant (If company, give capacity)

All owners must sign. If corporation by a legal officer, designating official capacity

For more information, please call: **1-800-950-1MVA (1682)** (to speak with a customer service representative), From Out-of-State: **1-301-729-4550**,
TTY for the hearing impaired: **1-800-492-4575**. Visit our website at: **www.MVA.Maryland.gov**